## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

27 FWF | 600 OFF 14 RUPC

| CLAIMS AS FILED - PART I  |  |   |                |                                    |                         |                                  |      | SMALL ENTITY       |                        |      | OTHER THAN          |                        |  |
|---|--|---|----------------|------------------------------------|-------------------------|----------------------------------|------|--------------------|------------------------|------|---------------------|------------------------|--|
|   |  |   |                | (Column 1)                         |                         | (Column 2)                       |      | TYPE               |                        | OR   | •                   | SMALL ENTITY           |  |
| TOTAL CLAIMS  |  |   | 28             |                                    |                         |                                  |      | RATE               | FEE                    | 7    | RATE                | FEE                    |  |
| F(  | OR   |   | NUMBER FILED   |                                    | NUMBER EXTRA            |                                  |      | BASIC FE           | E 385.00               | OR   | BASIC FEE           | 770.00·                |  |
| TO  | OTAL CHARGE  | ABLE CLAIMS                                 | 30 minus 20=   |                                    | • 70                    |                                  |      | X\$ 9=             |                        | OR   | X\$18=              | 180                    |  |
| INI   | DEPENDENT C  | CLAIMS                                      | 7 m            | inus 3 =                           | * 4                     |                                  |      | X43=               |                        | OR   | X86=                | 344                    |  |
| Μl  | JLTIPLE DEPE   | NDENT CLAIM P                               | RESENT         |                                    |                         |                                  |      | +145=              |                        | OR   | +290=               | 290                    |  |
| * 11  | the difference   | e in column 1 is                            | less than ze   | than zero, enter "0" in column 2   |                         |                                  | i    | TOTAL              | <b>†</b>               | OR   | TOTAL               | 1584                   |  |
| CLAIMS AS AMENDED - PART II   |  |   |                |                                    |                         |                                  |      |                    | <del></del>            |      | OTHER               | THAN                   |  |
|   |  | (Column 1)                                  | (Column 2) (Co |                                    |                         | (Column 3)                       |      | SMALL              | ENTITY                 | OR   | SMALL               |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | BER<br>USLY             | PRESENT<br>EXTRA                 |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus          | **                                 |                         | =                                |      | X\$ 9=             |                        | OR   | X\$18=              |                        |  |
| AME   | Independent  |   |                |                                    | CL AIA                  | -                                |      | X43=               |                        | OR   | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                |                                    |                         |                                  |      | +145=              |                        | OR   | +290=               |                        |  |
|   |  |   |                |                                    |                         | •                                | L    | TOTAL<br>DDIT. FEE |                        | י בו | TOTAL<br>ADDIT. FEE |                        |  |
|   |  | (Column 1)                                  |                | (Colum                             | n 2)                    | (Column 3)                       | - C  | DDII. FEE          | <u> </u>               | •    | ADDII. FEE          |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY              | PRESENT<br>EXTRA                 |      | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDN   | Total  | *   | Minus          | **                                 |                         | = .                              |      | X\$ 9=             |                        | OR   | X\$18=              |                        |  |
| AME   | Independent  | *   | Minus          | ***                                |                         | = .                              |      | X43=               |                        | OR   | X86=                |                        |  |
|   | FIRST PRESE  | NTATION OF MU                               | ILTIPLE DEP    | ENDENT                             | CLAIM                   |                                  |      | +145=              |                        | OR   | +290=               |                        |  |
|   |  |   |                |                                    |                         |                                  | L    | TOTAL              |                        |      | TOTAL               | •                      |  |
|   |  |   |                |                                    |                         |                                  | , AI | DDIT. FEE          |                        | OR , | ODIT. FEE           |                        |  |
| $\neg$  | <b>V</b> .   | (Column 1)<br>CLAIMS                        |                | (Columi                            |                         | (Column 3)                       | -    | · ·                |                        |      |                     |                        |  |
| AMENDMENT C   | <u> </u>   | REMAINING<br>AFTER<br>AMENDMENT             |                | NUMBE<br>PREVIOL<br>PAID FO        | ER<br>JSLY              | PRESENT<br>EXTRA                 |      | RATE               | ADDI-<br>TIONAL<br>FEE | ı    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus          | **                                 |                         | =                                | Γ    | X\$ 9=             |                        | OR   | X\$18=              |                        |  |
|   | Independent  |   | Minus          | ***                                |                         | = '                              |      | X43=               |                        |      | X86=                |                        |  |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |                                    |                         |                                  |      |                    |                        | OR   | 7.00-               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                |                                    |                         |                                  |      |                    |                        | OR   | +290=               |                        |  |
| ** If   | ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                |                                    |                         |                                  |      |                    |                        | OR   | TOTAL<br>DDIT, FEE  |                        |  |
| T   | he "Highest Numi   | nber Previously Paid<br>ber Previously Paid | For (Total or  | SPACE is I                         | ess than<br>t) is the l | is, enter "3."<br>nighest number |      | DIT. FEE L         | ropriate box           |      |                     |                        |  |